

## Electronic Patent Application Fee Transmittal

|   |   |                 |               |                             |
|---|---|-----------------|---------------|-----------------------------|
| <b>Application Number:</b>                  | 10826736  |                 |               |                             |
| <b>Filing Date:</b>                         | 16-Apr-2004   |                 |               |                             |
| <b>Title of Invention:</b>                  | Hemofiltration systems, methods and devices used to treat inflammatory mediator related disease |                 |               |                             |
| <b>First Named Inventor/Applicant Name:</b> | James R. Matson   |                 |               |                             |
| <b>Filer:</b>                               | Michelle Lecointe/Adesewa Faleti  |                 |               |                             |
| <b>Attorney Docket Number:</b>              | 067062.0129   |                 |               |                             |
| Filed as Large Entity                       |   |                 |               |                             |
| <b>Utility      Filing Fees</b>             |   |                 |               |                             |
| <b>Description</b>                          | <b>Fee Code</b>   | <b>Quantity</b> | <b>Amount</b> | <b>Sub-Total in USD(\$)</b> |
| <b>Basic Filing:</b>                        |   |                 |               |                             |
| <b>Pages:</b>                               |   |                 |               |                             |
| <b>Claims:</b>                              |   |                 |               |                             |
| <b>Miscellaneous-Filing:</b>                |   |                 |               |                             |
| <b>Petition:</b>                            |   |                 |               |                             |
| <b>Patent-Appeals-and-Interference:</b>     |   |                 |               |                             |
| <b>Post-Allowance-and-Post-Issuance:</b>    |   |                 |               |                             |
| <b>Extension-of-Time:</b>                   |   |                 |               |                             |

| Description                             | Fee Code | Quantity | Amount | Sub-Total in USD(\$) |
|---|----------|----------|--------|----------------------|
| Miscellaneous:                          |          |          |        |                      |
| Submission- Information Disclosure Stmt | 1806     | 1        | 180    | 180                  |
| Total in USD (\$)                       |          |          |        | 180                  |